

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/541857

FILING DATE

4.3.00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		4					54						
5		5					55						
6		5					56						
7		5					57						
8		5					58						
9		5					59						
10		5					60						
11		5					61						
12		5					62						
13		5					63						
14	1						64						
15		1					65						
16		1					66						
17		3					67						
18		3					68						
19		4					69						
20	1						70						
21		1					71						
22		1					72						
23		3					73						
24		3					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	84						TOTAL DEP.						
TOTAL CLAIMS	87						TOTAL CLAIMS						